

A better understanding of the Basic Health Plan, the eligibility criteria and basic benefits is needed.

June 2003

A summary is listed below. More information can be found at www.basichealth.hca.wa.gov.

Understanding Basic Health

Basic Health is for Washington State residents who are:

- Not eligible for free or purchased Medicare
- Not institutionalized at the time of enrollment
- Within Basic Health's income guidelines

Cost

- Monthly premiums are based on age, income, family size, and health plan chosen
- Low copayments
- No deductibles

Choice of provider

- Select your own doctor or other provider affiliated with the health plan you choose
- Choice of health plans in most counties
- Decide on the health plan that offers the best value, location, and providers for you

Benefits

- Doctor and hospital care, including preventive care
- Emergency services
- Prescription drugs

More information on:

- [Benefits](#)
- [Children's Coverage through Basic Health Plus](#)
- [Choosing a Health Plan](#)
- [Exclusions](#)
- [Maternity Services](#)
- [Waiting Periods](#)

Luckily for you, you live in a state that values the health of its residents. For people who don't have health insurance through their work or privately, but don't qualify for Medicaid, there is another option: Basic Health!

Basic Health contracts with health plans all over Washington State to provide reduced-cost health care coverage to people like you. All health plans in Basic Health offer the same basic benefits, but monthly premiums, providers, and some details of coverage vary (such as which prescription drugs or preventive services are covered). The amount the state contributes to your monthly premium depends on:

- Your age,
- The number of people in your family, and
- The health plan you choose.

See [How much will Basic Health coverage cost?](#) for more information about monthly premiums. Call 1-800-826-2444 if you need help with your estimate.

How It All Works

Your monthly premium

You'll get a bill for your monthly premium approximately six weeks before the month covered by that payment. (For example, the bill for December coverage is sent in mid-October; payment is due November 5.) Your first monthly premium payment must always be received by the fifth of the month prior to the coverage month. If you pay your monthly premium late, your coverage will be suspended for one month and you'll have to pay for any health care services received that month. You'll have the opportunity to return to coverage the next month if your late payment is received by the due date in the suspension notice. However, if you don't pay by the due date, or if your coverage is suspended more than twice in 12 months, you will be disenrolled and unable to re-enroll for at least 12 months.

Partial payment or checks returned for non-sufficient funds or a missing signature are considered nonpayment.

Group applicants

If your employer, home care agency, or financial sponsor will be paying all or part of your monthly premium, Basic Health will bill them directly for members who are approved and covered by that group. You may be required to contribute toward your monthly premium through payroll deductions or other methods.

How the health plans work

To receive benefits, you must receive care from your health plan's authorized providers.

The health plans require each Basic Health member to select a primary care provider (PCP). To receive benefits, your PCP may provide or coordinate your care. Each covered family member may have a different PCP. If you don't choose a PCP, your health plan may choose one for you. You may change your PCP during the year. Contact the health plan for more information on changing a PCP or for a current list of providers.

In an emergency, you may receive Basic Health benefits for care without prior PCP approval. However, you must report it to your primary care provider within 24 hours or as soon as possible. In addition, women may self-refer to a plan-designated women's health care professional for medically necessary services or medically appropriate follow-up for maternity care, routine gynecological exams, and reproductive care. Check with your health plan for details.

Any care not approved by your health plan is not covered under Basic Health. If you receive care that is not covered under Basic Health, you must pay the entire cost for those services.

Important!

Once you are enrolled in Basic Health, you need to let Basic Health know when you have any changes in family status or income. These changes may affect your monthly premium. If you do not keep income current, the state may require you to repay the state portion of your premium.